

protection; but in this country the subject has hitherto been practically ignored. Dr. Jeffries has the merit of being the first in America to urge its importance. The number of his examinations has reached nearly twenty thousand, and the extent of his investigations enables him to speak with authority. He has succeeded in inducing the Legislature of Massachusetts to take an active interest in the subject, and it has instructed the board of railroad commissioners "to consider whether any legislation is expedient or needful with reference to the employment by railroad corporations of persons afflicted with colour-blindness." It is to be hoped that their report may be in accordance with the teachings of experience and common sense, and that the other States will not long remain behind Massachusetts and the rest of the civilized world.

Dr. Jeffries has repeated the experiments of Prof. Delboeuf, whose paper was also noticed in the number of this Journal for Oct. 1878, with entirely negative results. He does not share the professor's hope that congenital colour-blindness can ever be remedied or relieved.

G. C. H.

ART. XXII.—*Transactions of the American Gynæcological Society*, Vol. III. for the year 1878. 8vo. pp. 472. Boston: Houghton, Osgood & Co. 1879.

THE volume appears this year in a new and more attractive form, with the same care in character of paper and press-work, so marked in its predecessors. The size of the work is somewhat smaller, 472 pages, but in character of contents, the reputation of the Society has been well maintained. This, from the rigid exactions in admission to membership, will no doubt continue, as the object of its organization is work, without any regard to numbers. In most scientific hives there are a few workers and many drones; but in this one, there is a strong feeling prevalent against having a preponderance of the latter element. Hence in the year past, there was but one admission; high distinction in the profession, especially as a contributor to its literature, being regarded as essential for fellowship.

The annual meeting having been held in Philadelphia, much that was said has been already laid before our readers in this Journal's supplemental publication, *The Medical News and Library* (see number for October, 1878): we shall therefore make but few special comments.

This Society commenced four years ago, with thirty-nine founders; has increased by the election of nine; and diminished at the same time by the deaths of three of the original fellows; leaving 45. Of these, 30 are, or have been professors in medical schools, and 33 are connected with hospitals. In fact, but three of the forty-five are neither professors nor connected with hospital work at the present time; one being a distinguished ovariologist; another for years a hospital gynæcologist; and the third, well known by his learned and abundant work as a contributor to medical science. It is not then to be wondered at, that the three day sessions of this body should attract a crowd of visitors, or their writings and discussions excite an interest in the medical minds of our country.

In the paper by Dr. James P. White, of Buffalo, upon Extra-uterine Pregnancy, he appears to be of the impression, which is by no means an uncommon one, that it is safer to wait for the indications of nature than to open the abdomen and remove the fœtus. It is to be regretted that Dr. T. Gaillard Thomas was not present at the discussion on this subject, as his experience and remarkable successes lead him to hold very opposite views. The fatal results of waiting, in

this city have satisfied a number of our leading gynæcologists that it is safer to operate soon after the death of the fœtus than to postpone.¹ Had Dr. Parry lived to the present time, he would have held very different views from those given in his work on extra-uterine pregnancy, which were taken from a more remote experience than we are now learning from.

The discussion of Dr. R. A. F. Penrose's paper on post-partum hemorrhage gives many valuable points in treatment; Dr. Penrose being particularly strenuous for the use of vinegar; but perhaps the best of the modern discoveries, is that of the very decided hæmostatic effect of hot water, which has been well tested under the eye, in arresting the bleeding from the raw inverted flap made in the operation for the cure of exstrophy of the bladder. The temperature used in the latter instance is as hot as the hand can bear; in the uterus, it is claimed that up to 115° Fah. may be injected.

Dr. W. H. Byford, in his paper upon "Dermoid Tumours of the Ovary," makes this remark on page 173: "Some one else has propagated the doctrine of inclusion, or of a *fœtus in fœtu*; believing that somehow one ovum had become engulfed in the organization of the other, and on account of the nature of its nidus could not attain to complete organization or development." In the day when dermoid cysts were believed to be either twin or direct conceptions of a fœtal character, this may have been a misnomer; but how will Prof. Byford account for such a case as that which came under the care of Dr. John L. Atlee, of Lancaster in 1846, in which a true fœtus escaped from the abdomen of a little girl of six, who lived seventeen years afterwards?² The term *inclusion* is not confined to the ovary as a nissus, many cases on record being purely abdominal, located near the stomach, and singularly, in most of the recorded examples on the left side, and often in male subjects.

The paper on "Gastro-Elytrotomy," by Dr. Henry J. Garrigues, of Brooklyn, is well worthy of attention, in view of the fact that this operation is under serious consideration here and in Great Britain at the present time. Dr. G. may be styled the historian of this operation, having reproduced from the originals of Joerg, Ritgen, and Baudelocque, the accounts of the early failures in this form of section. Dr. Thomas has now quite a rival in Prof. Porro, of Pavia, whose operation was performed twelve times last year (1878), with seven successes, in Switzerland, Italy, Germany, and Belgium.

Dr. Theophilus Parvin, of Indianapolis, contributes "Three Cases of Rupture of the Uterus." The question of gastrotomy in these cases has been fully discussed by Dr. Trask, of New York, but so long since that it is virtually re-opened. The mortality after turning and delivery is so frightful that it is a question of moment whether the abdomen should not be opened for the delivery of the fœtus in all cases where the uterus has discharged a portion of its contents into the peritoneal cavity, and the condition of the woman is such as to warrant the use of the knife. A search after unpublished cases of this operation has revealed quite a number of failures, and an encouraging list of successes in the United States. Taking Dr. Trask's collection and our own together would much reduce the measure of success claimed by him, as his cases were all published. At one time we were under the impression that about three out of four women had been saved, but more recent disclosures have reduced the percentage. We presume now that the mortality is about the same or perhaps a fraction less than after the Cæsarean section. We believe that case No. 3 was a proper one for the operation, and would probably have recovered, although it is possible she might have done so

¹ See article by the reviewer in this Journal for October, 1878, and by Prof. T. G. Thomas in number for January, 1879.

² Trans. Coll. of Physicians of Philadelphia, 1879.

without resort to the knife, under good nursing. Two similar cases in this city recovered after gastrotomy.

Perhaps one of the most learned controversial papers of the volume is that by Dr. Isaac E. Taylor, of New York, which, as its author was not present, was unfortunately not read or discussed. The title conveys but an imperfect idea of the questions involved: it reads, "On the early delivery of the placenta, when *prævia*, with the relation of a case of spontaneous separation of the placenta without hemorrhages." After a long *résumé* and discussion of the opinions of various observers upon the question of the gradual obliteration of the cervix during gestation, the author advances the confident belief that such opinions were founded in error, and that "it is immaterial to what part of the uterus the ovum is attached, the fundus, the sides, or the tissues around the Fallopian tubes, or the *os internum*. The internal orifice is as much closed as the orifices of the Fallopian tubes; it grows *pari passu* with the body in that location as in any other." He gives in evidence of the correctness of his views three drawings from anatomical specimens, showing the length of the cervix at eight months in two primiparæ, and nine months in a multipara, with the closed appearance of the *os internum*.

With regard to the appearance of the *spot* on the placenta, in cases where it is *prævia* and central, Dr. Taylor, who has seen fourteen of this class, believes that there is no special characteristic feature, the superimposed cervical portion varying with the condition of the placenta and strength of its attachments.

Dr. Taylor also discusses the question of the action of the cervix in dilatation, denying that it is due to inherent muscular contraction, and claiming that this portion of the uterus is "only an annex; a passive organ." . . . "It is as much prepared physiologically by its passiveness to dilate as the fundus, physiologically is to contract." He also says, "I have in several instances had the opportunity of observing by ocular demonstration this mechanism or behaviour of the cervix during delivery."

Dr. Taylor claims priority in the discovery of the non-development of the cervix uteri during gestation, dating his observations back to 1851. He advocates premature delivery in cases of hemorrhage from placental presentation, occurring in the latter months of pregnancy, *i. e.* in the sixth, seventh, or eighth month. We notice also that he still advocates the use of the tampon, introducing a long strip of $1\frac{1}{2}$ inch bandage, and packing it against the cervix, a plan much condemned by some of our obstetricians in this city, the hot-water irrigation being considered much safer and more reliable, any fresh access of hemorrhage being readily detected where the vagina is not plugged up; and measures for arrest can at once be made use of.

R. P. H.

ART. XXIII.—*The Causes and Results of Pulmonary Hemorrhage, with Remarks on Treatment.* By REGINALD E. THOMPSON, M.D., Cantab., Senior Assistant Physician and Pathologist to the Hospital for Consumption and Diseases of the Chest, Brompton. 8vo., pp. 135. London: Smith, Elder & Co., 1879.

"THE outcome of the physical examination of over twenty-two thousand patients during their lifetime, and of the inspection of three hundred cases of diseases of the chest after the death of the patients," certainly merits the careful attention of the professional reader, especially when it is intimated that he "may find something which is not in accordance with the accepted doctrines of the great masters in medicine." The arguments in the text are enforced by brief